



DEC 23 2004

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/646,294-Conf. #9323
Filing Date	August 22, 2003
First Named Inventor	Bjarne D. Larsen
Art Unit	1646
Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number 56422CON(45487)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (5 items)	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard Sequence Listing Statement of Sequence Listing Substitute Specification (marked) Substitute Specification (unmarked) Statement of Substitute Specification Certificate of Express Mailing Petition for Extension of Time
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> CD, Number of CD(s) <u>1</u>	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Remarks	
<input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Landscape Table on CD

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS & ANGELL, LLP		
Signature			
Printed name	Kathryn A. Piffat, Ph.D.		
Date	December 23, 2004	Reg. No.	34,901

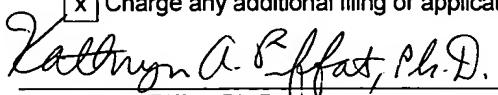
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV517930998US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 23, 2004

Signature:
(Judy Daley)

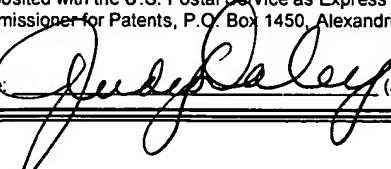


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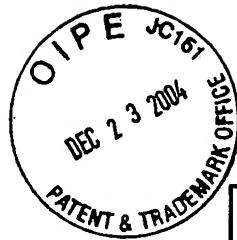
AMENDMENT TRANSMITTAL LETTER				Docket No. 56422CON(45487)																																					
Application No. 10/646,294-Conf. #9323		Filing Date August 22, 2003		Examiner Not Yet Assigned																																					
Art Unit 1646																																									
Applicant(s): Bjarne D. Larsen et al.																																									
Invention: MEDICAL USES OF INTERCELLULAR COMMUNICATION FACILITATING COMPOUNDS																																									
TO THE COMMISSIONER FOR PATENTS																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below.																																									
CLAIMS AS AMENDED																																									
<table border="1"> <thead> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>33</td> <td>- 20 =</td> <td>13</td> <td>x 50.00</td> <td>650.00</td> </tr> <tr> <td>Independent Claims</td> <td>18</td> <td>- 3 =</td> <td>15</td> <td>x 200.00</td> <td>3,000.00</td> </tr> <tr> <td colspan="4">Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/></td> <td colspan="2">360.00</td> </tr> <tr> <td colspan="4">Other fee (please specify): Extension for response within fourth month Search/Exam/Filing Fees; Late Fee</td> <td colspan="2">1,590.00 1,130.00</td> </tr> <tr> <td colspan="4">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td colspan="2">6,730.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	33	- 20 =	13	x 50.00	650.00	Independent Claims	18	- 3 =	15	x 200.00	3,000.00	Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>				360.00		Other fee (please specify): Extension for response within fourth month Search/Exam/Filing Fees; Late Fee				1,590.00 1,130.00		TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				6,730.00	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																					
Total Claims	33	- 20 =	13	x 50.00	650.00																																				
Independent Claims	18	- 3 =	15	x 200.00	3,000.00																																				
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				6,730.00																																					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>6,730.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.			<input type="checkbox"/> Small Entity																																						
 Kathryn A. Piffat, Ph.D. Attorney Reg. No.: 34,901 EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444																																									
Dated: <u>December 23, 2004</u>																																									

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Dated: December 23, 2004

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(Judy Daley)



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee Transmittal For FY 2005		Application Number	10/646,294-Conf. #9323
		Filing Date	August 22, 2003
		First Named Inventor	Bjarne D. Larsen
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27	TOTAL AMOUNT OF PAYMENT (\$)	
TOTAL AMOUNT OF PAYMENT (\$)		1,130.00	
		Attorney Docket No. 56422CON(45487)	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order
<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____		
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	04-1105	Deposit Account Name:	Edwards & Angell, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/>	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments		

Fee Calculation							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	1,000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____							
Each independent claim over 3 (including Reissues) _____							
Multiple dependent claims _____							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
33	- 33 =	x _____	= _____	Fee (\$)	Fee Paid (\$)		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
18	- 18 =	x _____	= _____				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 =	/50	(round up to a whole number) x _____	= _____		Fees Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1051 Surcharge-Late filing fee 130.00							

SUBMITTED BY					
Signature	<i>Kathryn A. Piffat, Ph.D.</i>		Registration No. (Attorney/Agent)	34,901	Telephone (617) 439-4444
Name (Print/Type)	Kathryn A. Piffat, Ph.D.		Date	December 23, 2004	

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Dated: December 23, 2004	Signature: <i>Judy Daley</i> (Judy Daley)